

The Northern Virginia Long-Term Care Ombudsman Program presents this
"Long-Term Care News & Tips Online"

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1. Advocates Needed to Reinforce Rights

The Northern Virginia Long-Term Care Ombudsman Program needs volunteer advocates to promote the quality of life and care for people living in long-term care facilities. Volunteers are assigned to a specific local nursing home or assisted-living facility and spend 4 hours per week (M-F daytime) meeting one-on-one with residents. Good diplomacy and communication skills are needed. Training is scheduled for September 26, 27 and October 6, 2006.

For further information and an application, please call 703-324-5435, TTY 703-449-1186; or visit our Web site at www.fairfaxcounty.gov/LTCOmbudsman.

2. Regional Long Term Care Council Meeting September 11, 2006

The Regional Long Term Care Council was initiated by the Arlington Commission on Long-Term Care Residences, The Northern Virginia Long-Term Care Ombudsman Program and the grassroots advocacy group TLC4LTC. The Regional Long-Term Care Council meets every other month to provide support, education and advocacy for family members and any others interested in improving the quality of care for long term care residents.

The next meeting will be on Monday, September, 11th from 2:00 p.m. until 4 p.m. The meeting will be held Mason District Government Center located at 6507 Columbia Pike in Annandale. We will meet in the "Main Community Room". When you enter the building, walk straight back and you will walk right into it. Bring a sweater just in case the room is on the cool side.

Tom Ferguson, Family Council Chair at INOVA Commonwealth Care Center in Fairfax will be speaking at the September meeting. Tom launched us off to a great start at our first meeting with some tips about Family Councils. We can continue the discussion in more depth with Tom. Light snacks and drinks will be provided.

* Please RSVP to Rita.Schumacher@fairfaxcounty.gov or phone her directly at 703-324-5415 by September 5th.

3. NCCNHR Announces 2006 Residents' Rights Week Theme & Essay/Poetry Challenge

The National Citizens Coalition for Nursing Home Reform (NCCNHR) has announced that the National Residents' Rights Week will be celebrated October 1st-7th, 2006 and this year's theme will be "CARE Matters." Care stands for: Choice, Accountability, Rights, and Empowerment. Residents' Rights Week is designated by the National Citizens' Coalition for Nursing Home Reform each year to honor residents living in all long-term care facilities. It is a time to reflect on the importance of the Nursing Home Reform Law of 1987 which promises quality of life and care and residents' rights for each resident.

This year's packet will feature success stories related to how facilities or advocates have promoted choice and empowered residents and a handful of materials related to promoting resident choice and empowerment. NCCNHR is also sponsoring a Residents' Rights Week Essay Poetry Challenge this year. Entries are due August 18th. A special review committee is being assembled to select poetry and essay submissions for inclusion in a booklet for this year's Residents' Rights Week packet.

For more information about 2006 National Residents' Rights Week materials or to access a flyer with information about the Poetry/Essay Challenge please visit the Web site at www.ltombudsman.org/ombpublic/49_607_3140.CFM.

Source: NCCNHR Email correspondence

4. Efforts being made to reduce unnecessary hospitalization of residents

The Boston Globe reports that there is a growing movement in Massachusetts and elsewhere to strengthen medical care at nursing homes and cut unnecessary hospitalizations. The newspaper notes that a study funded by the National Institute of Aging found that 37% of the hospitalizations of residents at urban nursing homes nationwide were potentially avoidable. One method being used to improve care is telemedicine, which is being used to give residents immediate access to doctors on evenings and weekends. Another method being utilized by an increasing number of homes is the hiring of nurse practitioners who may be on call 24 hours a day to provide hands-on primary care. A national study in which approximately 2,000 patients received this type of care over a 2-year period found the number of preventable hospitalizations decreased by 65%. Massachusetts is also using education to reduce hospitalizations. The state trade group for nursing facilities is co-sponsoring workshops to teach nurses and aides to identify subtle changes in residents that may be signs of developing problems that require quick and effective interventions. This training targets four conditions that often result in unnecessary hospitalizations: dehydration, urinary tract infections, chronic pulmonary disease and congestive heart failure.

Source: Boston Globe, July 3, 2006; www.myziva.info.net , July 6, 2006

5. GE buys nursing homes

In the largest skilled nursing facility acquisition of the year, GE Healthcare Financial Services has announced the signing of an agreement to buy six portfolios of skilled nursing facilities from Formation Capital LLC for \$1.4 billion, or about \$66,000 per bed. The deal, which is expected to close in the third quarter, includes 186 skilled nursing facilities with more than 21,000 licensed beds in 20 states operated by six different management companies. The portfolios are operated by Laurel Healthcare, Centennial Healthcare, Opis Health Services, Harrington Healthcare, Sovereign Health Services and Epsilon Healthcare.

The acquisition is for the real estate only, subject to current leases in place. This is a major statement by GE about the prospects for the skilled nursing industry in general, and these portfolios and their operators specifically. The acquisition will increase GE Healthcare Financial Services' real estate investments by almost 50% to over \$4.0 billion.

Source: Senior Care Investor, June 26, 2006

6. Abuse prevention review teams to be formed in Illinois

Three years after the Illinois legislature called for teams of experts to review sexual assaults and deaths in nursing homes, the teams finally might be launched. The purpose of these abuse prevention review teams is to conduct inspections at any nursing home where a rape or death occurs and then make recommendations for better prevention. However, after passage of the legislation in 2003, the Illinois Department of Public Health claimed it did not have the money to run the teams, and they were never formed. This year a bill was passed and signed into law that calls for the teams to be funded using fines levied against nursing homes. The law calls for the creation of two teams, with additional teams added as necessary. Each team will consist of 14 people with a variety of backgrounds and will include nursing home resident advocates. The teams will not have regulatory power or be able to impose fines. However, they will issue reports on investigations and recommend ways to reduce the number of assaults and deaths. According to Wendy Meltzer, director of Illinois Citizens for Better Care, the review team is charged with identifying larger systemic problems. "There's nobody looking at this systemically." "Why are we seeing this thing here and the same thing down the street? The hope was to look at this systemically, look at some underlying causes, see what we can do to fix problems, not just at one facility."

Source: Chicago Tribune, July 6, 2006

7. NPR reports on dangers of bed rails

A recent National Public Radio (NPR) report highlighted the dangers of bedrails to the frail and elderly in nursing homes and hospitals. According to NPR, approximately 350 bedrail-related deaths have been reported to the Food and Drug Administration (FDA) since 1995, 35 of which occurred within the last eighteen months. Officials, however, believe this is just a fraction of the actual number of deaths related to bedrails and that the rest go unreported as facilities either do not know they are supposed to report them or fear the legal liability or negative publicity. Earlier this year the FDA issued guidelines that require nursing homes and hospitals to make complex calculations to ensure beds are properly assembled. However, Steven Miles, a professor at the Center for Bioethics at the University of Minnesota, believes that the new FDA guidelines are too little, too late and that it is now a situation of "patient and family beware." According to

Miles, facilities cannot be counted on to catch dangerous beds that have been in use for some time. Miles urges consumers to check for a gap between the mattress, the bed frame and the bedrail. "Personally look at the bed and see if by pushing the mattress to the far side of the bed they can make a gap that is big enough to put four fingers between that and the rail," he advises. "If they can, that gap is too big."

Source: Morning Edition, National Public Radio, June 29, 2006; www.myziva.info, June 30, 2006

8. Oklahoma facilities focus on change

As part of its culture change efforts, the Oklahoma Foundation for Medical Quality (OFMQ) - the state's Quality Improvement Organization - is working to address the problem of turnover of certified nursing assistants. The turnover rate in Oklahoma is 135.5%. Bob Lane, nursing home/health project manager with OFMQ, said that a key to solving turnover is management. Lane said that a national study compared two long-term care facilities that were in identical labor markets and had similar reimbursement, but ended up with different outcomes. "One had a revolving door and poor clinical outcomes, the other was the opposite.

It started with management. The way the administrators and top leaders go about dealing with employees had a positive effect," he said. A workforce development study conducted by the governor's office in cooperation with the State Chamber found that turnover costs the provider \$2,500 to \$6,000 per person in Oklahoma. Lane added that facilities are also putting residents in control and moving toward an "individual model" rather than an institutional model. "It's trying to extend home into the realm of a nursing facility." OFMQ is working with more than 70 facilities to achieve improvements.

Source: The Enid News & Eagle, July 2, 2006

9. Assisted living facilities going high-tech

An article in USA Today discusses the increasing use of technology in assisted living facilities to improve the quality of life for residents and their family members. One facility highlighted in the article, Oatfield Estates in Milwaukie, Oregon, uses high-tech infrared badges and sensors to monitor the movements of residents and staff, as well as how social residents are, how much weight residents have gained or lost, and sleeping patterns and restlessness of residents. Family members and friends of residents can log onto the facility's website to view what their loved one is doing throughout the day or night. Each resident decides who can access the information collected about their movements and activities, and can revoke viewing privileges at any time. In general, residents of the facility have enjoyed knowing that their family members check in on them online, while families have been comforted by the ability to monitor their loved one's care.

Technology is also being used in medication administration. Earlier this year, the Jamestown News in North Carolina ran a story describing a new computerized medication management system that is being used in several assisted living facilities in the state. The system allows for every step of medication administration to be directed through desktop and handheld computers. Prescriptions are sent electronically to pharmacies, where pharmacists survey the entire list of medications for each resident. This check allows for greater examination of possible drug interactions. Med techs at the facility are equipped with a PDA that contains all information regarding medication for any resident at a given time of the day. Using a touch pad, nurses select a resident to receive medication, and the computer screen displays a picture of the resident

and all the medicines due at that time. Each step in the process is closely monitored, and facility staff members are not allowed to proceed until information is recorded that the medication was administered.

Source: USA Today, July 6, 2006; Jamestown News, April 29, 2006

10. Other factors may affect nursing home staffing levels more than ratios

According to an article in the February issue of the Gerontologist, establishing minimum staffing ratios for nursing homes does not necessarily increase staffing levels. This anomaly may be partly explained by the low staffing requirements in many states, which some facilities treat as ceilings rather than floors. A high staffing standard may increase facility staffing, the researchers found, but a low standard may have a negative effect, since "some facilities may treat staffing standard minimums as if they were maximums, and lower their staffing accordingly." But it also reflects the fact that many factors other than government standards affect nursing home staffing levels. Some of those factors may include resident acuity levels, payer mix, facility size and layout, management style, local labor market conditions, and whether the facility is for-profit or not-for-profit.

The article, is titled "Nursing Home Staffing Standards: Their Relationship to Nurse Staffing levels." To learn more, visit the Web site at www.directcareclearinghouse.org/n_news_det.jsp?res_id=207410&res_type=6&txn_type.

Source: Quality Jobs, Quality Care, June 21, 2006

11. Long term care workforce increasingly diverse

An article in The Seattle Times reports that an increasing number of long term care residents are being cared for by immigrants. Many in the long term care community believe that diversity enriches a nursing home's culture and often leads to bonds between people who otherwise might not have met. At the same time different languages can create problems. Louise Ryan, Washington Assistant State Ombudsman, said, "You talk to residents. They'll tell you about the difficulty of language barriers, especially if they have a hearing impairment." "And the feelings of being left out or ignored when two caregivers are speaking another language and, at the same time, providing care." The Times notes that immigrant labor is in high demand in the U.S., and in King County some Seattle nursing homes state that half their staff is foreign born. In addition, the county's 900-plus adult family homes are owned predominantly by immigrants who typically hire other immigrants as workers. Two nursing homes featured in the newspaper article welcome this diversity and strive to create a respectful workplace where employees can be themselves. At Providence Mount St. Vincent and Caroline Kline Galland Home, employees who understand English, but don't speak it well enough, are offered jobs in positions that don't require contact with residents. To move up, they can take classes in English and American culture. Staff at all levels are encouraged to teach residents about their cultures through conversation, potlucks and fashion shows. Management also faces occasional challenges, like when a resident says something derogatory or refuses help from an aide of another race, or when workers from countries in conflict argue with each other. But providers are working with both the challenges and the joys of a diverse workforce. As Charlene Boyd, administrator at Providence Mount St. Vincent said about immigrant employees: "They will continue to be important and we embrace that."

Source: The Seattle Times, June 20, 2006

12. CMS eases Medicaid rule requiring proof of citizenship

On July 6, the Centers for Medicare & Medicaid Services (CMS) announced that it would exempt 8 million Medicaid recipients enrolled in the Supplemental Security Income (SSI) or Medicare programs from a new law that requires them to provide documentary evidence that they are U.S. citizens. Dr. Mark McClellan, CMS administrator, said these recipients would be exempt because they had already established their citizenship when they applied for Medicare or SSI. The new documentation requirement is part of the Deficit Reduction Act that went into effect July 1. The New York Times notes that in an "unusual preamble to the new rule," CMS states that it believes Congress intended to exempt people in Medicare or SSI from the proof-of-citizenship rule. The original law states that the requirement "shall not apply to an alien who is eligible for medical assistance" if the person also is enrolled in one of the other programs. According to the CMS preamble, this language is "clearly a drafting error" in which Congress intended to use the word "citizen," but instead used the term "alien." McClellan also said states could establish proof of citizenship by referencing records of state agencies that administer food stamps, child support and child protective services, as well as agencies that issue driver's licenses. In addition, individuals who make a "good faith effort" to prove their citizenship will not face loss of coverage. In rare cases, sworn affidavits from the beneficiary and at least one other person could be used when no documentation of citizenship can be found.

Source: The New York Times, July 7, 2006; Kaiser Daily Health Policy Report, July 7, 2006

13. Pneumonia can be treated in nursing homes

A Canadian study has found that hospitalization of nursing home residents for pneumonia can be reduced by over half by following a more intensive treatment program in the nursing home. In the study, the treatment included use of oral antibiotics, portable chest x-rays, oxygen saturation monitoring, rehydration and close monitoring by a research nurse. While the treatment did not improve mortality rates or other patient outcomes, it substantially reduced hospitalizations and saved an average of \$1000 per resident in health care costs. In their article that appeared in the Journal of the American Medical Association, researchers estimated that their protocol could save more than \$800 million annually. In addition, avoiding hospitalization could benefit nursing home residents since they may become susceptible to other health risks during a hospitalization and experience a decline in functional health and quality of life.

Source: McMaster University press release June 6, 2006; LTC Liability Monitor, June 8, 2006

14. Modifiable behaviors associated with aggression in nursing home residents with dementia

A study published in the June 26, 2006, issue of the Archives of Internal Medicine identifies potentially modifiable behaviors linked to physical and verbal aggression among nursing home residents with dementia. According to the study authors, approximately 88,000 residents are physically aggressive every week, exhibiting behaviors such as hitting, shoving, scratching or sexually abusing others. After ruling out other potentially contributing factors, researchers found that symptoms of depression, delusions and hallucinations were associated with both physical and verbal aggression; physical aggression was also found to be associated with constipation. The researchers, however, state, "It is not clear whether physical aggression may be related to factors that predispose to constipation (e.g., anticholinergic medications such as tricyclic antidepressants), the symptoms associated with constipation or interventions such as suppositories that may elicit a defensive action by some residents."

Regarding the behaviors associated with physical and verbal aggression, researchers noted, "All of these factors may be amenable to intervention and, in addition to reducing the morbidity associated with these entities themselves, effective treatment may reduce the risk of violence in nursing homes."

Source: www.myziva.info, June 29, 2006

15. AARP reports serious problems in American guardianship system

Based on its new study, AARP is concerned that individuals under guardianship may suffer great harm when the activities of guardians remain unmonitored. The AARP Public Policy Institute has released Guardianship Monitoring: A National Survey of Court Practices, which is the first detailed examination of adult guardianship monitoring practices in fifteen years. The report found that in about 40% of responding jurisdictions, no one is assigned to visit the vulnerable individuals under guardianship, leaving many Americans open to physical and financial abuse. According to the report, the need for effective guardianship monitoring is on the rise due to changing demographic trends that will result in a much higher number of guardianships in the near future. Study results show: guardianship monitoring practices vary widely; verification of reports and accounts is frequently lacking; use of technology is minimal; guardian training has increased but is still considered a compelling need; and funding for guardianship monitoring remains low. Later this year, AARP will convene state, federal and local officials, volunteers and agencies to search for solutions and better collaboration. To access the report home page, which includes links to the full report and a summary, visit the Web site at www.aarp.org/research/legal/guardianships/2006_14_guardianship.html.

Source: AARP news release, July 6, 2006; www.myziva.info, July 7, 2006

Some information has been obtained from the National Ombudsman Resource Center.

Please note that the items are included for informational purposes only and do not imply endorsement by the Northern Virginia Long-Term Care Ombudsman Program or any governmental agency.

Northern Virginia Long-Term Care Ombudsman Program Intake line: 703-324-5861

Fax: 703-324-3575

TTY: 703-449-1186

Web site: www.fairfaxcounty.gov/lombudsman

Email: nvltop@fairfaxcounty.gov

12011 Government Center Parkway, Ste. 708 Fairfax, VA 22035-1104

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